

MADISON COUNTY SHERIFF'S OFFICE

PISTOL PERMIT APPLICATION

STATE OF ALABAMA



Read the following carefully and provide complete and accurate information. It is a crime to make a false statement or report to law enforcement. (Title 13A-10-109, Code of Alabama, 1975). A criminal history background check will be conducted on each applicant.

I hereby apply for	r a license to	Madison County: o carry a revolver or pi					d of ONE to	FIVE YEAI	RS for the
following reason: First N				lame: Middle Name:					
Maiden or Other I	Names				Email	Address:			
Home Address: _					City:			, AL Zip:	
Phone Numbers:	Home		W	ork :			Cell: _		
Race:	Sex:	Date of Birth:	<u> </u>	Height:	'" Weigh	nt: lbs	Hair:	Ey	es:
S.S.#		Are you a US	Citizen?	[Orivers Lic #			_State	Class
Place of Birth (Ci	State):		How long have you lived in Madison County?						
Employer:			Post	Postion/Title:			Length of Employment:		
Employer Addres	SS:				City:			_, AL Zip	0:
O Yes O No	Have you endare you endare you endare you endare you on Are you on Are you be thave you reimminent data thave you be possession	ver been taken into custover been arrested or chair rently under an indictmer ver been treated for a me ver been treated for subsidicted to alcohol, prescrip probation or under a restaiting trial as a defendant een found guilty but ment een found not guilty in a creen declared incompeter serted a defense in a crieen found not guilty by required involuntary outparanger to yourself or to othe quired involuntary comment he subject of a prosecon of a firearm under the law uestions above, please use the	rged with a crime of? ental illness? ental illness? entance abuse (drustion medicine or raining order fror tin any criminal case by the to stand trial in iminal case of no eason of lack of notient treatment in hers? entally ill in a criminal case of no eason of lack of notient treatment in hers? entally ill in a criminal case of no eason of lack of notient treatment in hers? entally ill in a criminal case of no eason of lack of notient treatment in hers? entall ill ill ill ill ill ill ill ill ill	e? ugs/alcohol)? illegal drugs' m ANY court' case? nal case? reasons of in a criminal ca t guilty by rea nental respor a psychiatric hiatric hospita ommitment or r the United S	sanity or mental di ise? ason of insanity or isibility under the U c hospital or similal al or similar treatm incompetency pro States?	mental disea Iniform Code treatment fa ent facility for ceeding that	se or defect? of Military Ju cility based o any reasons could lead to	stice? n a finding th , including d a prohibition	Irug use? n on the receipt or
Applicant's Signatur	e:		RITE BELOW TI	HIS LINE – F	OR OFFICIAL US	oate:			
		PPROVED: TRANSAC							